

MONTANA BOARD OF DENTISTRY
DEPARTMENT OF LABOR & INDUSTRY
301 South Park, 4th Floor
Helena, Montana 59620-0513
Phone: 406-841-2390 Fax: 406-841-2305
E-Mail dlibsdden@state.mt.us
<http://mt.gov/dli/den>

REQUEST FOR REACTIVATION OF A LICENSE

DATE: _____

NAME: _____

LICENSE NUMBER: _____

DENTIST: _____ DENTAL HYGIENE _____ DENTURITRY _____

How long has your license been inactive in Montana? _____

Are you practicing in another state? _____

List state/states that you have practiced in:

Please provide license verification from the State Regulatory Boards of the state/states that you have listed above. (Must come directly from the state agency)

How long have you been out of practice in your profession? _____

Please submit:

Current copy of your CPR/ACLS card

60 hours of continuing education certificates for dentists in the last three years

36 hours of continuing education certificates for dental hygienists in the last three years 36 hours of continuing education certificates for denturists in the last three years

Please indicate why you are requesting reactivation of your license in Montana.

☐ Yes ☐ No Have you had any discipline instituted or taken against your license in another state, been denied licensure or have had any civil action pending or completed.

Signature: _____ Date: _____

CERTIFICATION OF HOURS
FOR REINSTATEMENT OR REACTIVATION

NAME: _____

DATE: _____

Employer Name: _____

Dates Worked: From: _____ To: _____

☐ Full Time OR ☐ Part Time AND Hours per week _____

Employer Signature: _____ Date: _____

If you have had more than one employer during this period of time, the applicant must have one signed by each employer verifying work experience. You may make copies of this form.

Employer's Address: Phone Number:

I hereby certify that the information submitted on this form is true and complete to the best of my knowledge. In signing this form, I am aware that a false statement or evasive answer may lead to denial of my application or subsequent revocation of licensure on ethical grounds.

Applicant Signature: _____

Date: _____